The Section on General Practice

Its Problems, Its Goals, Its Responsibilities

E. A. ROYSTON, M.D., *Los Angeles*

THE California Medical Association, like most things Californian, has always been noted for its broadmindedness and for its optimistic long-range view on matters of consequence.

The 76th annual session of the Association is another one of the bright spots in our record, and one which the historian of the future will mark with a red pencil; for we of the General Practice group are assembled here today for the first time in the history of the California Medical Association as a recognized and an organized Section on General Practice. Today, for the first time in the history of the California Medical Association, the men and the women engaged in the general practice of medicine can meet at a state convention with those of like status in a section of our own where we can discuss problems in which we are interested in a manner suitable to ourselves.

A Section on General Practice was authorized in the Los Angeles County Medical Association in late 1945. About the same time, members of the Alameda County Medical Association also formed a Section on General Practice. Strange indeed that the movement should have started in the north and in the south at about the same time, each group bringing its plans to fruition without the knowledge of the other, and each group thinking it was fighting a lone and an unpopular battle.

I will never forget how happy the president of the northern group and the president of the southern group were when they met in this hotel at the state meeting last May, and each found that instead of having to be a lone crusader on the general practice question, he was joined by his counterpart from the opposite end of the state with a complete organization. Consequently it was much easier for us to go to the House of Delegates and to the Reference Committee with our problem. As you now know, the House of Delegates voted unanimously that we should have a section of our own.

We have all been asked: Why a Section on General Practice? Why can't you men get all you want by going to the General Surgery Section or to the Obstetrics and Gynecology Section, or the Internal Medicine Section or the Pediatrics Section? Every last one of you in front of me can answer that question without giving it a second thought. Our work demands a broad and a comprehensive view of the medical field. You all know that we jump from otitis media to endocervicitis, to cholecystitis, to prenatal care, to Colles' fracture or the "itch" or what have you just as fast as we can walk down the hall of our office, from one examining room to the next.

Ours is not the monotony of the man who confines his work to the left nostril or the right kidney. We must, of necessity, have a working knowledge of the whole field. We must be diagnosticians. We must be able to give the patient relief or he and his family will leave us and go on down the street to some doctor who can. But there is another reason why we must have a Section on General Practice and that is: In administrative medicine the outlook, the ideals and the goals of the man doing general practice are very different from those of the man in a specialty group, and must of necessity be handled in a different manner.

What are some of our problems?

By and large all the specialty groups are very much in sympathy with the general practice group. Most of them can remember only too well the days when they made night calls and did the routine spade work of the practice of medicine.

The general practice group must recognize as one of its responsibilities its duty to keep in constant and close touch with all the other sections. The members of the other sections in this way will be kept constantly aware of our changing needs. We must find out why we so frequently do not have our proportional representation in all organized medical activities. We must find out why our members of the general practice group do not attend the county medical association meetings and are not better acquainted with the current problems of the day, whether they be problems of administration and policy, or just run-of-the-mill work. For too many years the man doing general practice has been too willing to let the specialty men do too much of the work of the county society. If the general practitioner wants privilege, he must be willing to do more of the work than he has been doing in the past.

This also applies to county hospital clinics. Many of the best specialists of the country today have become efficient because of the long hours they have been willing to spend in the county hospital clinics and in other charity clinics. I hear many general practice men saying they do too much charity work in their office already, so why should they waste their time in county hospital clinics. We must remember that the best clinicians are those who are constantly seeing new problem cases and learning new angles of approach to the old ones. For many years men doing general practice were shut out of many of the charity clinics because the administrators thought that only specialists should see the patients there. That day is rapidly passing. More opportunity is being offered

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the general practitioner in the clinics today, and he should avail himself of this way of broadening his knowledge.

The general practice man feels that he is not getting his share of the available beds in the private hospitals. We all know how acute this shortage of hospital beds is, and we feel hurt and slighted every time we call a hospital and find we cannot have a bed immediately. The next time we can't get a bed, before we start to grumble, let us ask ourselves: How am I relating myself to my hospital? Am I on speaking terms with the superintendent? Have I done anything to help in the hospital administration problems? Was I really too busy to teach that class of nurses when I was asked? Am I doing first class work in this hospital? Do I keep my records up to date without having to be prodded by the record librarian? If we can really clear ourselves in a simple questionnaire such as this but still can't get our share of the beds, then perhaps we do have cause to feel that we are being discriminated against.

Every one of us, in his spare time, has been caught tinkering on his car or doing an odd job of painting or carpenter work around the house and had someone kid him by asking for a union card. We know that the unions do not allow a carpenter to fix a leaky faucet or a painter to adjust the woodwork before he paints it. We have even laughed about it and said how ridiculous the unions are to be so strict and narrow-minded.

Have you ever thought how ridiculous the practice of medicine might become in almost the same way? The gynecologist may do a hysterectomy or a salpingectomy or an oophorectomy, but he must not *per se* do an appendectomy no matter how close the tip of the appendix may be to the fimbrinated end of the right tube. That is: the gynecologist must not do an appendectomy *per se* if he is abiding strictly by the rules of his specialty. The gynecologist certainly won't dare do an appendectomy *per se* if the abdominal surgeon on the staff of his hospital happens to be in the operating room and is unfriendly.

The only man who can "play the whole orchestra" in the practice of medicine is the man who belongs to our group—the man who has a license from the state to take care of the sick, and who has not joined any of the specialty boards. I am not going to elaborate on this thought any more. I am going to leave it by asking just one question: Can we today, in any of the major metropolitan hospitals, practice medicine as the state has licensed us to do? In the metropolitan hospitals there is only a handful of men doing general practice who are allowed to do surgical operations.

WHAT ARE OUR DUTIES AS A GROUP?

The general practice group is still in its very infancy, but we are already talking loudly about what we would like to see changed to help our status in the hospitals and in administrative medicine in general.

Before we concern ourselves with these questions I would like to draw your attention to some of our duties and obligations. First: A man should be a thoroughly good doctor, whatever group he belongs to. A man belonging to the general practice group should take particular pains to see that he is as nearly correct in his answers as possible. He should not excuse himself by saying "I am only doing general practice." It is much better when in doubt to call for consultation than to jeopardize the patient and one's own status by giving questionable treatment. The minimum duty of a general practitioner is to attend faithfully his hospital staff meetings. He is sure to learn something scientific each time, and further, it brings him in contact with his fellow staff members.

As far as it is possible, he should attend his county medical association general meetings, but particularly he should attend his section meetings of the county medical association. Again, every doctor owes it to himself to leave his office occasionally. Patients are proud of their doctor because he took time to go to the state medical meeting and to the national meeting. They talk very freely about their doctor being up to date and progressive and knowing the very latest. They contrast him very freely with Dr. Joe Doakes down the street who has not been out of town for the past 15 years and is so far behind the times that he thinks penicillin is the name of one of Mussolini's girl friends.

Besides attending these sundry meetings at which the busy general practitioner can relax, he should also never forget that his days of study and learning are never over. The medical schools are again all giving excellent postgraduate courses. Don't let any man think he can be a success in his office or in his hospital if he does not take a few weeks occasionally to bring himself up to date on the work he most enjoys.

The man doing general practice is largely looked up to in his community as a leader. He should not try to shirk such responsibility. He should keep reasonably abreast of local and other politics. Of course it is not good for a doctor to get deeply involved in politics, but he should be able to give good advice at all times. He should keep abreast of all civic matters, particularly where medical questions are concerned. He should be prepared to address local organizations on current matters without being naive. He should make it his business to be acquainted with at least some of his city and county officials so that he can use his influence at the proper time.

The man doing general practice should be most particular about his relations with his fellow doctors. He should never be caught talking about their work in a disparaging manner. He should never even raise his eyebrows or let out a whistle when he hears from his patients how Dr. Brown treated Mrs. Smith for such and such a condition.

WHAT ARE OUR GOALS?

Having squared ourselves briefly on our duties, and having glanced at our problems and our gripes, may we ask ourselves now, what are our goals?

1. The first and primary concern of the Section on

General Practice must be to see to it that each and every one of its members is top flight, not only as a citizen in general, but particularly as a doctor of medicine. We who are trying to regain lost privilege and prestige must be sure we do not live in glass houses which our brethren can destroy with stones.

2. A Section on General Practice in each county society of the state.

3. Proper representation of the General Practice Section on the council of each county medical association.

4. A Section on General Practice in every hospital.

5. Equal number of beds per capita in every hospital for the general practitioner and the specialty groups.

6. That every man doing general practice be allowed free access to every department of the hospital, providing of course that in each individual case he does not attempt to exceed his ability, and that he pledges himself to call for consultation as soon as he feels himself approaching the thin ice, rather than waiting until he is already in deep water.

7. That the man doing general practice should try to make himself more friendly and agreeable and affable than ever in the past, and that he should be the first to extend the hand and make the approach in the desired reforms rather than waiting and hoping that some friend in some specialty group will bring about the reforms for him.

8. That the medical schools throughout the country be approached on the idea of establishing a Department of General Practice and that the American specialty boards and the American colleges be encouraged to insist that their candidates not only spend adequate time in the Department of General Practice, but also that they spend at least three years in general practice as a prerequisite to their certification so that they can become acquainted with the humanitarian side of the practice of medicine as well as the technical side. The Medical School of the University of Colorado is already taking steps in this direction.

Time will not permit going into detail on other goals, but these are the outstanding items, and if they are attained within the reasonable future, the man doing general practice will find himself on a new plane, possessed of new courage and ambition, and will find his daily work more satisfactory than ever before.

ACCOMPLISHMENTS

What have we, as a group, been able to accomplish to date? In the words of the late Al Smith, "Let's take a look at the record." It must be remembered that we are still in our swaddling clothes and we are travelling a rough and an uncharted course. The officers of the section, whether they be local, state or national are all hardworking men. They have spent countless hours in perfecting constitutions and by-laws. They have carried on a voluminous correspondence with every interested party which would give them time and attention.

The Section on General Practice is not a local or a state idea only. In 1945 a section was authorized in the American Medical Association on somewhat of a trial basis, and it was given permanent status at the San Francisco meeting in July, 1946. Dr. Paul Davis of Akron, Ohio, was elected chairman. A vice-chairman was selected from California, and Dr. W. B. Harm of Detroit, Michigan, was elected secretary.

In California, besides our state section, we have county sections in San Francisco, Alameda, San Mateo, Yuba-Sutter, Los Angeles, San Diego and Santa Barbara; and other county sections both in the north and in the south are in the organizing process.

It is very remarkable how many friends we have among the men in high places. Dr. Henry Luce of Detroit, himself not a general practitioner, was more responsible than any other one man for our getting a section in the American Medical Association. Dr. Vincent Askey of Los Angeles, a Fellow of the American College of Surgeons, championed our cause at the meeting of the House of Delegates of the American Medical Association in Chicago in January, 1947, and was successful in getting a resolution passed which called for better status for the general practitioner in every recognized hospital in the United States. I, personally, and as an officer of the section have had much encouragement for our cause from no less a man than Dr. Malcolm MacEachern of the American College of Surgeons. Dr. Wingate Johnson, head of the Department of Medicine of Wake Forest College, North Carolina, and Dr. Howard West, medical director of the Los Angeles County General Hospital, have given us freely of their time and advice. There are numerous other men of influence who have given a great deal of thought to the status of the man doing general practice. It has been urged that we establish an American Board of General Practice.

We must now realize that we, the Section on General Practice, are more a part of American medicine than ever before. We are an organized and a recognized section. Of the 160,000 doctors of medicine in the American Medical Association, about 30,000 belong to the specialty boards or to the colleges. About another 25,000 are qualified for these certificates but will not go after them for various reasons. This leaves about 105,000 men who do general practice in the truer sense. It is to this group of men that your officers say: Join your organized section and follow your group leaders. Always, in all your efforts, be pro-general practice, and remember you do our cause no good by being anti-specialist. We are all fighting the battle against socialized medicine, and if we do not hang together we will surely, in the words of Benjamin Franklin, hang separately.

If you forget everything else that has been said in this address, take this one thought home with you and conduct yourself accordingly: The General Practice Group is probably the last bulwark between medicine as we know it today, and the phantom of socialized medicine which is dancing on our horizon, for in this group is the beloved family doctor so dear to the heart of Mr. and Mrs. America.

8726 S. Vermont Avenue.